## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10811175

	CLAIMS AS FILED - PART I								ENTITY		OTUE	OTHAN
		. ,	(Column 1)		Column 2)		TYPE		OF	OTHER THA		
	FOTAL CLAIM	35	35		•		RATE	FEE		RATE	FEE	
Ľ	OR	NUMBE	NUMBER FILED		BER EXTRA		BASIC F	EE 385.0	OF	BASIC FE		
ľ	OTAL CHARG	35 ,	35 minus 20= •		15		X\$ 9=	135.0	— ( ```		1	
īN	DEPENDENT	12	2 minus 3 = "		<i>j</i>		X43=	+	$\dashv$	You	<u> </u>	
М	ULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT					-		X86≃	ļ
٠	f the difference	e in column 1 is	s less than	ess than zero, enter "0" in column 2				+145=	<u> </u>		+290=	<u></u>
	CLAIMS AS AMENDED - PART II							TOTAL	5/20	OR	TOTAL	
	1     4 0	(Column 1)	AMENDE					SMALL	. ENTITY	-00		THAN
A	1	CLAIMS	T :	HIGHE	\$T	(Column 3)	1	SINALL		OR T	SMALL	ENTITY
AMENDMENT /		REMAINING AFTER AMENDMENT		PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE
NON	Total	25	Minus	- 3		- 8		X\$ 9=	B	OR	X\$18=	
AM	Independent	ENTATION OF M	Minus	PENDENT C	·	-5		X49=	500	OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
		•					L	TOTAL DDIT. FEE	ZMA		TOTAL	
		(Column 1)		(Column	2)	(Column 3)	A	DDIT. FEE	<u> </u>	<b>_</b>	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
NON	Total		Minus	**		•	r	X\$ 9=		OR	X\$18=	FEE
AME	Independent	•	Minus	***		e		X43= ·	9		X86=	·
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	700-	
							L	+145=		OR	+290=	
								TOTAL DIT. FEE		QR ,	TOTAL DOIT, FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMEN C		REMAINING AFTER AMENDMENT	·	HIGHES NUMBER PREVIOUS PAID FOR	LY .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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Ē	Independent		Minus	***	- 1	*	-	X43=	i	. F		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** TOTAL OR ADDIT FEE												
- 41	are compressibility	IDE PROVIDUSIV Par	BEOF IN THE	S SPACE is les	e than '	anter "" .		OIT. FEE			TOTAL DOTT. FEE	
	•	per Previously Paid	(tots or	: araebieuasur) (	ा भाग द	gnest number f	ound	in the appr	opriate box	pu com		
AM S	770-875 (Pay 10)	000										1